## **FORM D**

#### UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED

OCT 2 5 2005 
THOMSON

FINANCIAL

### FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

13.78	857
OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated average	burden
hours per respoi	ıse1
SEC USE	ONLY
Prefix	Serial
DATE RE	CEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Issuance of Convertible Promissory Notes and the underlying securities in which they may be convertible.	rted 🖟
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506  Type of Filing:  New Filing Amendment	Section 4(6) ULOB
A. BASIC IDENTIFICATION DATA	1887 WALL
<ol> <li>Enter the information requested about the issuer</li> <li>Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)</li> <li>IPoint Labs, Inc.</li> </ol>	OCY 8 - 2006
Address of Executive Offices (Number and Street, City, State, Zip Code) 3417 Swanson Drive, Plano, TX 75025	Telephone Number (Including Area Code) 214.763.7650
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Provide network management	
Type of Business Organization  Corporation  Dimited partnership, already formed  Dimited partnership, to be formed  other	<b>06049356</b> (please specify):
Actual or Estimated Date of Incorporation or Organization:    Month   Year     0 9   0 6       Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for St. CN for Canada; FN for other foreign jurisdiction)	Actual

### GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## \_ ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Byr

		A. BASIC	IDENTIFICATION DATA	· · · · · · · · · · · · · · · · · · ·	
<ul> <li>Each beneficial own</li> <li>Each executive office</li> </ul>	e issuer, if the issuer her having the power to	nas been organized within o vote or dispose, or direct porate issuers and of corpo	the past five years; the vote or disposition of, 10% trate general and managing par		
Check Box(es) that Apply:	Promoter	Beneficial Owne	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Lewis, Kenneth					
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code	1		
3417 Swanson Drive, Plano,	TX 75025				
Check Box(es) that Apply:	Promoter	Beneficial Owner	er 🛛 Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	individual)				
Parker, Carey					
Business or Residence Addre	•	et, City, State, Zip Code	•		
4689 Penbrook Ct, Plano, T	X 75024-2174	= · · • · ·			
Check Box(es) that Apply:	Promoter	Beneficial Own	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Masur, Mark		<del></del>			<del></del>
Business or Residence Addre	•				
c/o Silver Creek Ventures, 5	5949 Sherry Lane, S	uite 1450, Dallas, TX 7	5225		
Check Box(es) that Apply:	Promoter	Beneficial Own	er	Director	General and/or Managing Partner
Full Name (Last name first, i Bayless, John	f individual)				
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code	)		
c/o Sevin Rosen, 13455 Noe	Road, Suite 1670, [	Dallas, TX 75240			
Check Box(es) that Apply:	Promoter	Beneficial Own	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			. •	
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code	)		
Check Box(es) that Apply:	Promoter	Beneficial Own	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	findividual)				
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code	)		
Check Box(es) that Apply:	Promoter	Beneficial Own	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	findividual)				
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)	<del></del>	<del></del>	

				B.	INFOR	MATION A	BOUT OF	FERING				
1. Has the	e issuer sold,	or does the is	suer intend t				•	nder ULOE.			Yes	No ⊠
2. What is	s the minimu	m investmen	t that will be		• •	·					\$	n/a
											Yes	No
	he offering pe he informatio	-	-	_								⊠
remune person	eration for sol or agent of a ve (5) persons	icitation of p broker or dea	urchasers in o ler registered	connection w I with the SE	ith sales of se C and/or with	ecurities in the	e offering. Is ates, list the r	f a person to b	e listed is an	associated er. If more		
	Last name fire	st, if individu	ıal)									<del></del>
N/A												
Business or I	Residence Ac	idress (Numb	per and Street	i, City, State	, Zip Code)							
Name of Ass	sociated Brok	er or Dealer										• •
States in Wh	ich Person L	isted Has Sol	licited or Inte	nds to Solic	it Purchasers							
(Check "A	All States" or	check indivi	duals States)								□ A1	1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	[WY]	[PR]
Full Name (I	Last name fir	st, if individe	ıal)									
Business or	Residence Ad	idress (Numl	ber and Stree	t, City, State	e, Zip Code)							
Name of Ass	sociated Brok	er or Dealer								· · ·		<u></u>
States in Wh	ich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers					<del>,</del>		
(Check "A	All States" or	check indivi	duals States)			*************				• • • • • • • • • • • • • • • • • • • •	☐ A1	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name (I	Last name fin	st. if individi	ual)					· ,				[]
· .	Residence Ac			t. City. State	7in Code)							
		<u>.</u>			, <b>13.17</b> (30 <b>10</b> )							
Name of Ass	sociated Brok	er or Dealer										
	ich Person L					. =-				<del></del>		
[AL]	All States" or					(CT)	fbe:	IDO:				1 States
[IL]	[AK] [IN]	[AZ] [lA]	[AR] [KS]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[MT]	[NE]	[NV]	[NH]	[KY] [NJ]	[LA]	[ME]	[MD]	[{MA}]	[MI]	[MN]	[MS]	[MO]
[RI]	[SC]	[SD]	[TN]	[TX]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
·····	()	[22]			[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	Common Preferred		
	Convertible Securities (including warrants)	\$300,000.00	\$300,000.00
	Partnership Interests	\$	s
	Other (Specify)	\$	\$
	Total	\$300,000.00	\$300,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors		\$300,000.00
	Non-accredited investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	S
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	$\boxtimes$	\$15,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
		_	<del></del>

	C. OFFEI	RING PRICE, NUMBER OF INVESTORS, EXPE	INSES AND USE OF PROCEEDS	
	total expenses furnished in response to	ggregate offering price given in response to Part C - Q o Part C - Question 4.a. This difference is the "adjuste	ed gross	\$285,000.00
5.	the purposes shown. If the amount for	ated gross proceeds to the issuer used or proposed to be any purpose is not known, furnish an estimate and checayments listed must equal the adjusted gross proceeds 4.b above.	ck the box to the	
			Payments to Officers, Directors & Affiliates	Payments To Others
	Salaries and fees		ss	s
	Purchase of real estate		s	s
	Purchase, rental or leasing and installa	ation of machinery and equipment	s	s
	Construction or leasing of plant buildi	ings and facilities	s	s
	Acquisition of other businesses (inclu	ding the value of securities involved in this offering th	nat may be	
	used in exchange for the assets or secu	urities of another issuer pursuant to a merger)	\$	
	Repayment of indebtedness			s
	Working capital		s	<b>⊠</b> \$ <u>285,000.00</u>
	Other (specify):		s	. 🗀 s
	Column Totals		\$	\$ 285,000.00
	Total Payments Listed (column t	totals added)	🖂 \$ <u>2</u>	<u>85,000.00</u>
		D. FEDERAL SIGNATUR	E	
ınde	ssuer has duly caused this notice to be sig taking by the issuer to furnish the U.S. S dited investor pursuant to paragraph (b)(2	gned by the undersigned duly authorized person. If this no Securities and Exchange Commission, upon written reque 2) of Rule 502.	stice is filed under Rule 505, the followinest of its staff, the information furnished	g signature constitutes by the issuer to any no
ccre	·			****
ssu	er (Print or Type)	Signature	Date	
ssue Poir	er (Print or Type) at Labs, Inc. e of Signer (Print or Type)	Title of Signer (Print or Type)	September 3, 2006	

		E.	STATE SIGNATUR	RE				
1.	Is any party described in 17 CFR 230.2	62 presently subject to a	any of the disqualification	provisions of such rule?	Yes	No ⊠		
		See Appen	dix, Column 5, for state re	esponse.				
2.	The undersigned issuer hereby undertak 239,500) at such times as required by st		te administrator of any sta	te in which this notice is filed, a no	otice on Form D (	17 CFR		
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.	The undersigned issuer represents that the Exemption (ULOE) of the state in which can be stated in the state in the case of the state in the state i	h this notice is filed and	th the conditions that must d understands that the issu	t be satisfied to be entitled to the U er claiming the availability of this	niform Limited C exemption has th	Offering e burden of		
	e issuer has read this notification and known norized person.	ws the contents to be tru	ue and has duly caused this	s notice to be signed on its behalf b	y the undersigned	d duly		
Issı	ier (Print or Type)	Signature		Date				
ΙPο	int Labs, Inc.	X,/	11 Jus	September 3, 200	6			
Naı	me of Signer (Print or Type)	Title of Signe	r (Frint or Type)	Och				

President and Chief Executive Officer

#### Instruction:

Kenneth Lewis

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	] 2	2	3		4			5			
	Intend to	to sell to credited cors in ate	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)		
S				Number of Accredited		Number of Non- Accredited					
State AL	Yes	No		Investors	Amount	Investors	Amount	Yes	No		
AK	<del>                                     </del>										
AZ	1										
AR					· · · · · · · · · · · · · · · · · · ·						
CA											
CO											
СТ		<u> </u>									
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HI	<del> </del>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u> </u>		
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MA			<del>                                     </del>								
MI								-			
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State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT		!							
NE									
NV									
NH									
NJ									
NM									
NY									
NC	İ		-						
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OK									
OR									<u> </u>
PA	,								<u> </u>
RI							•		1
SC									1
SD					-	Ţ <u></u>			† · · · · · ·
TN									
TX		Х	Promissory Notes \$300,000	3	\$300,000	0	\$0.00		х
UT				i —					
VT									1
VA		1							1
WA									1
WI									1
WY	<u> </u>								<del>                                     </del>
PR	•								1